

Exhibit H

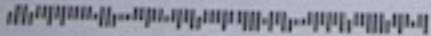
P.O. Box 830847
Miami FL 33283-0847



☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

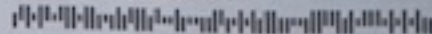
KEN55C 5145943 655130604

Heriberto Valiente
4214 SW 164TH PATH
MIAMI FL 33185-5290



PAYMENT BY CREDIT CARD OR CHECK (SEE INSTRUCTIONS ON REVERSE SIDE)		
CARD NUMBER		
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/25/24	\$ 445.80	17244869-1
SHOW AMOUNT PAID HERE		\$

Kendall Credit
and Business Service, Inc.
P.O. Box 404665
Atlanta, GA 30384-4665



0001724486910000044580201007

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

**** Please include your account number on all forms of payment ****

Si necesita una interpretacion de esta carta, por favor comuniquese con nuestra oficina.

PLEASE CALL Darlene Gingras AT (786) 594-6688 EXT. 46666

Creditor: Baptist Hospital
Debtor: Valiente, Heriberto
Account No.: 17244869-1
Service Date: 07/20/24
Amount Due: \$445.80

You have not responded to our first collection notice, therefore we will now pursue full collection efforts. To avoid further collection efforts, send your payment in full to our office.

If you are unable to pay this amount in full now, please call us today and make an acceptable arrangement. Do not delay this important matter which requires your attention.

**** Please include your account number on all forms of payment ****

***** To pay online go to: <https://billpay.baptisthealth.net> *****

Federal law requires us to inform you that this is an attempt to collect a debt and any information obtained will be used for that purpose.

This communication is from a debt collector.